



ABN: 90 386 971 692

CREDIT CARD EMAIL/FAX FORM

NAME: _____

ADDRESS: _____

TOWN/SUBURB: _____ STATE: _____ POST CODE: _____

COUNTRY: _____ PH: _____ FAX: _____

MOBILE: _____

CARD DETAILS

TYPE: VISA MASTER CARD (Please Tick)

NUMBER:

EXP: /

AMOUNT: \$ _____ . _____ AUD\$

Thankyou for supporting the Australian Fishing and Lifestyle Party. Your donation is much appreciated.

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